Vermont Recommended Child & Teen Vaccination Schedule

									Prior to Kindergarten	Prior to 7th Grade	
	Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months		4–6 Years	11-12 Years	13–18 Years
	Haemophilus influenzae type b (Hib)		Hib	Hib	Hib	Hib		Assure your child is up to date by age 2			
d care	Pneumococcal (PCV)		PCV	PCV	PCV	PCV					
	Hepatitis B (HepB)	НерВ	НерВ		HepB						
Required for child care	Diphtheria, Tetanus, Pertussis (DTaP)		DTaP	DTaP	DTaP		DTaP		DTaP		
quirec for sch	Poliovirus (Polio) (IPV)		IPV	IPV	IPV				IPV		
Required for school	Measles, Mumps, Rubella (MMR)					MMR			MMR		
Rea	Varicella (Chicken pox)*					Varicella			Varicella		
	Tetanus, Diphtheria, Pertussis (Tdap)									Tdap	
	Meningococcal (MCV4)**									MCV4	MCV4 second dose, after age 16
	Hepatitis A (HepA)					HepA	НерА				
ended	Rotavirus (RV)		RV	RV							
Recomme	Human Papillomavirus (HPV)									HPV 3 doses over 6 months	
	Influenza				Influenza	Every flu season					

^{*} Vaccine or documentation of history of disease.

Vermont's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

For more information, contact the Vermont Department of Health Immunization Program:

DEPARTMENT OF HEALTH

Phone: **802-863-7638** toll free (in VT): **800-640-4374** website: **HealthVermont.gov**

^{**} Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.